

Authority granted under P.A. 388 of 1976

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink the treasurer (or designated record keeper) are	and signed by nd candidate.	3. This Statement covers From	"July 20 to Au	gust 24
1. Committee I.D. Number 150715		4. Candidate Last Name Clements	First Name Edward	M.I.
			strict # or Community Served (If ap	plicable)
2. Committee Name CTE Edward Clements F Commis	Por	City Comm	istrict # or Community Served (If ap	ard
1	sion	4b, County of Residence	Bay	
5. Committee's Malling Address		6. Treasurer's Name & Resid	ential Address	
515 Webb Dr. Bay city, My870	.1		19.00	
009 0117, 48.10	6		est.	
Area Code and Phone 989 - 501-	1012		42. Z.	22
Alea Code and Fhone			H H	
If the address in this box is different from the co mailing address on the Statement of Organization	mmittee on, mail may		₩	S 270
be sent to this address by the filing official.		Area Code & Phone	>3	3 ∃ 5 6 6
7. Treasurer's Business Address		8. Designated Record keeper Designated Record keeper)	's Name and Mailing Address of the	
			CZ/	& ¬¬P¬
1				2
				o
.				
		181		
Area Code and Phone		Area Code and Phone	9e. Dissolution of Candidate C	ommittee
9. TYPE OF STATEMENT	Required C	NLY if candidate	By checking this item I/We ce	artifu any outstanding debt
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates t	current yea	e ballot for the f: 	by the committee to the candidate by discharged and forgiven, and nuthe committee. The committee has	or his or her spouse is here no longer collectible from
·	July Qua	terly	owes no lates fees or has any ous	
Y Primary □	October	Quarterly		
General			Further, if the dissolution cannot be considered a request for the Repo	e granted, that this be rting Waiver.
Convention				
Special	9c. Annı	al Statement ()	Effective date of dissolu	tion
School		Coverage Year		
Caucus	(Con	ndment to Campaign Statement plete Item 9a, 9b, 9c òr 9e to	Note: The disposition of residual fi	unde must be reported an
		ate which Statement is being ded.)	Schedule 1B and the Summary Pa	
		,,	·	
Date of Election, Convention or Caucus				
August 4,2015				
V				
10. Verification: I\We certify that all reasonable dimylour knowledge and belief the contents are tru	lligence was used e, accurate and d	I in the preparation of this statemomplete.	ent and attached schedules (if any)	and to the best of
Current Treasurer or				
Designated Record keeperType or Print Nam		/ Signature	Date	· · · · · · · · · · · · · · · · · · ·
				11
Candidate Edward Clem	ents	, Sand Clen	nemb Date 8/	25/15
Time of Daiph No.	~~~	Signature		

SUMMARY PAGE

2. Committee Name CTE Edward Clements for Commission

CARDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	2155 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ $2(05.00)$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	2500 05
c, Subtotal of "Contributions"	(3c.) \$	(18.) \$ 3889.03
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$ 3889.05
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ _ \$ 887.03
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6, In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	20 0 51	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2204.31	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line	80) (9.) \$ 2209.51	(23.) \$ 3595. 8/
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b, Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.)\$
DEBTS AND OBLIGATIONS	(11)	(= 1), 4
12. Debts and Obligations	(12a.) \$	
a. Owed by the Committee (Schedule 1E)	A-	
b, Owed to the Committee (Schedule 1E)	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 397. 75	
(Enter zero if no previous reports have been filed.)	210 = 00	•
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+ \$ <u>2103.</u> 2507 75	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$,
(Add lines 9 and 11)	(16.) - \$ 2209.51	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 293.24	
,		



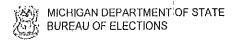
Page _____ of ____

ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

1. Commit

ttee I. D. Number	150715	

CANDIDATE COMMITTEE	2. Committee Name CTE Edward Clements for Commission
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name B&C Pizza	Purpose: Lunch @113EW Date 5 36.25
Address 608 State St. Bay City, MI 48706	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name USPS Address 300 & John St. Bay City, MI 48706	Purpose: Postage 7/21/2015 s 29.40 Purpose: Postage
Bay City, MI 48706	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name Family Dollar	7/21/2015 2 12 72
Address 950 N. Evelid St. Bay City, NVI 48706	Purpose: Stationery 7/21/2015 s 12.72 Date
Bay City, NI 48706	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name USPS	7/28/15 \$ 21.56
Address 300 E. John St. Bought ant	Purpose: Postage Date
Bay City, MI 48706	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	
Name Allied Printing	Parting 7/21/15 \$ 426.15
Address	Purpose:
· :	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement Subtotal this page 526.08
:	
·	Grand Total of all Schedules 1B (Complete on last page of Schedule)
	Enter this total on line 8a of Summary Page



Page _____ of ____

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name CTE Ed Clements For Commission	2. Committee Name	CTE	Ed	Clements	for	Commission
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	_,			
3. Name and address of person or ve	endor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Ed Clements			7/21/15	\$ 500, 85
Address 515 Webb Dr. Boy City, MI 41		Purpose: Loan Pont Click	Date lere for Memo	Itemization Type
1 48	8'706	Check box if this expenditure is payment of		•
Fund Raiser		debt or obligation reported on previous statement		
Expenditure #2				
Name Groat Mirels Gi	vaphic Design	Complia Decision	7/24/15 Date	\$ <u>100</u> ,60
Address		Purpose: Graphic Design		
:		Click H	ere for Memo i	Itemization Type
		Check box if this expenditure is payment of		
Fund Raiser		debt or obligation reported on previous statement		
Expenditure #3				
Name Allied Printing	1		7/27/15	\$ <u>252.</u> 28
Address		Purpose: Printing	Date	
		· · · · · · · · · · · · · · · · · · ·	ere for Memo I	temization Type
Fund Raiser		Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4				*****
Name Brissetta 6-10	λ	4	7/29/15	\$ <u>45.70</u>
Address 717 N. Henry	rst.	Purpose: <u>Beverages</u>	Date	
Bay city, MI	48706	Click He	ere for Memo It	emization Type
		Check box if this expenditure is payment of		
Fund Raiser		debt or obligation reported on previous statement		
Expenditure #5			,	
Name Staples		*-	7/20/15	(10.01
Address 4021 N. Euclid 13 ay City, MI 4	l Ave.	Purpose: Stationery	Date	\$ 70,26
13 ay City, MI	0701	—	re for Memo II	emization Type
	0104	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser		statement	-	
		Subtota	i this page	939.09
		Grand Total of all So (Complete on last page of		
		(Complete on last page C	, ochedule)	Enter this total

on line 8a of Summary Page

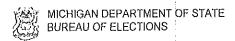


ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE	2. Committee Name CTE Edward Climents For Commission
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name USPS	7/30/15 \$ 19.60
Address 1000 Washington Ave. Bay City, MI 48708	Purpose: Postage Date Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #2	statement
Name Big Boy Address 500 N. Evelid Ave.	Purpose: Bfeakfast for pate \$ 22.51
Bay City, MI 48706	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	estatur
Name Northan Weidner Foundation	\$ 100.00
Address	Purpose: Chicken Dinner Date Fundruiser Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #4	
Name BWW Bay City Address 4050 Wilder Rd.	Purpose: Volunteer Lunch 8/4/15 s 119.53
Bay city, MI 48706	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name RathsKellar	Flooding To the 8/4/15 \$ 107.49
Address 600 E. Midland St. Bay City, Mt 48706	Purpose: Election Party Date \$ 107.71
Say City, WH 48706	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 369, 13
	Grand Total of all Schedules 1B (Complete on last page of Schedule)
	Enter this total on line 8a of

Summary Page

Page _____ of ____

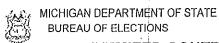


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SCHEDULE 1B CANDIDATE COMMITTEE

1, Committee I. D. Number	150715	,
2. Committee Name CTE	Edward Clements	for Commission

Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name USPS Address 300 E. John St. Bay City, MI 48706	Purpose: Postage Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Name BCPS Print Shop Address 910 N. Walnut St.	Purpose: Stationery 8/14/15 \$ 38.75
Bay City, Mt 48706	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name USPS 300 E John 5t. Address Bay City, MI 48706	Purpose: Postage Click Here for Memo Itemization Type Check box If this expenditure is payment of debt or obligation reported on previous
Expenditure #4 Name ATS Address 22040 Grafiot Rl Merrill, Mt 48637	Purpose: Campaign Shirts 8/20/15 s 263,99 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #5 Name Address	Statement \$
Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Grand Total of all Schedules 1B (Complete on last page of Schedule) Enter this total on line 8a of Summary Page

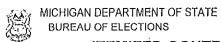


SCHEDULE 1A

CANDIDATE COMMITTEE

1, Committee I.D. Nu	mber/	50715		
2. Committee Name	CTE	Edward	Clements	For Commission

Enter contributor's name and address. If contribution is fr middle initial. Check box to indicate if contribution is from Committee (PAC) Report all contributions regardless of a	a Political Com mount.	millee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES Name & Address: Brian Oufreshe 898 Cecelia Ct. Bay City, MI 48780	4. Date of Red	ceipt 7/20/2015	\$ 50.0°	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation Principal Employer Business Address 910 N. Walnut St., Type of Contribution: X Direct Loan from	Say Cr	Fund Raiser	Click Here fo	or Memo Itemization
3. Contribution #2 PAC Receipt? XYES Name & Address Operating Engineers State of MI PAC 500 Hulet Or Bloomfield TWP, Mt 5. If over \$100.00 cumulative, please provide:		4		\$ 500,00
Occupation Employer Business Address Type of Contribution:	person	Fund Raiser		
3. Contribution #3 PAC Receipt? X YES Name & Address: IBEW PAC Voluntary 900 seventh St. NW Washington, D. C. 20	4. Date of Red Fund	celpt <u>*7/22/2015</u>		§ 500.00
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation Employer Business Address Type of Contribution: Direct Loan from a	person	Fund Raiser		
3. Contribution#4 PAG Receipt? X YES Name & Address Sheet Metal Workers L 4931 Contec Dr. Lansing, Mt 48910	よっり 7 7	ceipt 17/22/2015 714C	\$ 500.00	_{\$} 500,00
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation Employer				
Business Address	person	Fund Raiser		
Pageof		Page Subtotal rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on line 3a of Summary Page.	

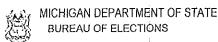


SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	150715	
2. Committee Name CTE	Edward Cloments	For Commission

Enter contributor's name and address. If contributed initial. Check box to indicate if contributed Committee (PAC) Report all contributions regard	Political Commi		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Name & Address: Tom & Dinah 2384 S. Minig Munger, MI	Druss. Lt Rd. 48747	4. Dale of Recei	pt	s 25.00 Click Here fo	s 25,00 sr Memo Itemization
Type of Contribution: Direct	Loan from a	person	Fund Raiser		
3. Contribution #2 PAC Receipt? [] Name & Address Bob Red Wone 201 N. Mourt Bay City, Mt	YES 4	Date of Receip	ot <u>8/14/15</u>	\$ /00. ⁰⁰	\$_100.00
5. If over \$100.00 cumulative, please provide Occupation Retired En	rployer			Click Here for	Memo Itemization
Business Address					
Type of Contribution: Direct	Loan from a p	person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: MIKE*Cindy Hal 5431 Four Mile Bay City, ME 185 5. If over \$100.00 cumulative, please provide Occupation E	ey Rd. 706	I, Date of Recei	ot <u>8/7/15</u>	S 50.00 Click Here for	\$_50.00 Memo Itemization
Business Address			'		
Type of Contribution: Direct	Loan from a	إسسا	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address Sherry Clements 808 N. Water s #209 BayCity, 6 5. If over \$100.00 cumulative, please provides Business Address	+ ut 487	1. Date of Recei	pt 8/6/ (5	\$ 50.00 Click Here for	\$ 50.60 Memo Itemization
Type of Contribution: Direct	Loan from a p	erson	Fund Raiser		
			Page Subtotal and Total of All Schedules 1A te on last page of Schedule)	225.00 Enter this total on line 3a of Summary	



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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

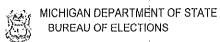
Enter this total on line 3a of Summary

Page.

2. Committee Name CTE Edward Clements For Commission CANDIDATE COMMITTEE 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? . Date of Receipt 3. Contribution # 1 Name & Address: Jacquob Littleichn 10,00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ Business Address Type of Contribution: Direct Fund Raiser Loan from a person YES Date of Receipt PAC Receipt? 3. Contribution #2 Name & Address Jon Patlik 3306 Westany Dr. Bay City, MI 48706 s 50.00 s Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide; Occupation ___ Business Address ___ Type of Contribution: 7 Direct Loan from a berson Fund Raiser PAC|Receipt? 3. Contribution # 3 4. Date of Receipt Name & Address: Kurt Legner

308 S. Hampton

Bay City, MI 48708 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation_Teacher Employer 48706 Business Address 900 N. Walnut Type of Contribution: Direct Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Tom Herek 1606 30th St. Bay City, MI 5. If over \$100,00 cumulative, please provide: Click Here for Memo Itemization Occupation ___ Employer Business Address _ Fund Raiser Type of Contribution: Direct Loan from a person 81).00 Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)



SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150 7/5

1. Committee LD. Namber _			
2. Committee Name CTE	Edward	Clements	For Commission

Enter contributor's na middle initial. Check Committee (PAC) Re	box to indicate if co	ntrib	ution is from	a Political C	dual, omn	enter last name, first name, nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receipts	ν'	Niedzi	nski	Rece	eipt <u>8/20/2015</u>		
) 3 [ial S. Bim Bay city, m	ey	ST. 48708				\$ 100.00	s 100.00
5. If over \$100.00 cur	nulative, please pr	ovi	de:	İ			Click Horo fe	or Memo Itemization
Occupation			Employer_			 	Chick Hele II	of Metho Reffilzation
Business Address			_					
Type of Contribution:	≯ Direct		Loan from	a person		Fund Raiser		
	PAC Receipt?		YES	4. Date of F	Recei	pt 8/21/15	- -	
Name & Address	Ke Kelly		-					
	:						\$ 50.00	\$ 50,00
5. If over \$100.00 cun	ıulative, please pro	ovid	le;				Click Here fo	r Memo Itemization
Occupation	!	E	mployer					
Business Address	* *							
Type of Contribution:	✓ Direct	Г	Loan from a	person		Fund Raiser		
3. Contribution # 3	PAC Receipt?	T	YES	4. Date of F	Rece	lot		
Name & Address:		_	_1			·		
							\$	
							<u> </u>	\$
5. If over \$100,00 cum	: iulative, please pro	vid	9:				Click Here for	Memo Itemization
Occupation	:	_	Employer					
Business Address	!					·		
Type of Contribution:	Direct		Loan from a	person		Fund Raiser		
3. Contribution # 4	PAC Receipt?		YES	4. Date of f	Rece	ipt		
Name & Address								
						1	\$	\$
5. If over \$100,00 cum	ulative, please pro	vid	9 ;				Click Here for	Memo Itemization
Occupation	<u> </u>		Employer					
Business Address								
Type of Contribution:	Direct		Loan from a	person	П	Fund Raiser		
		_				Page Subtotal	150,00	
		Grand Total of All Schedules 1A			2105.00			
				(Co		ete on last page of Schedule)	Enter this total on	
Page of							line 3a of Summary Page.	